

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Freedom Fund

ADDRESS (number and street) ▼

701 8th Street, NW

Suite 500

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00390674

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lance Kolbet

Signature of Treasurer

Lance Kolbet

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Freedom Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 02 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y  
 02 / 28 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		916129.84
(b) Cash on Hand at Beginning of Reporting Period.....	899344.99	
(c) Total Receipts (from Line 19) .....	49789.9	51789.9
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	949134.89	967919.74
7. Total Disbursements (from Line 31) .....	41652.92	60437.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	907481.97	907481.97
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Freedom Fund

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
02 01 2014

To:

M M / D D / Y Y Y Y  
02 28 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1000.0

3000.0

(ii) Unitemized .....

0.0

0.0

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

1000.0

3000.0

(b) Political Party Committees .....

0.0

0.0

(c) Other Political Committees

(such as PACs).....

48500.0

48500.0

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

49500.0

51500.0

## 12. Transfers From Affiliated/Other

Party Committees.....

0.0

0.0

## 13. All Loans Received .....

0.0

0.0

## 14. Loan Repayments Received.....

0.0

0.0

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.0

0.0

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.0

0.0

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

289.9

289.9

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

49789.9

51789.9

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

49789.9

51789.9

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	36652.92	40437.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	36652.92	40437.77
22. Transfers to Affiliated/Other Party Committees.....	0.0	0.0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.0	20000.0
24. Independent Expenditures (use Schedule E) .....	0.0	0.0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.0	0.0
26. Loan Repayments Made.....	0.0	0.0
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.0	0.0
(b) Political Party Committees .....	0.0	0.0
(c) Other Political Committees (such as PACs).....	0.0	0.0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.0	0.0
29. Other Disbursements .....	0.0	0.0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	41652.92	60437.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41652.92	60437.77

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	49500.0	51500.0
34. Total Contribution Refunds (from Line 28(d)) .....	0.0	0.0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49500.0	51500.0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	36652.92	40437.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.0	0.0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	36652.92	40437.77

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Mark Jacobsen**

Mailing Address 4050 Lorcom Lane

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Promontory Interfinancial Network

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.0

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : 1393519830022**

Amount of Each Receipt this Period

1000.0

Check

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Freedom Fund**

Full Name (Last, First, Middle Initial)

## **A. Allstate Insurance Company PAC**

Mailing Address 2775 Sanders Road  
Suite A4

City State Zip Code  
Northbrook IL 60662

FEC ID number of contributing  
federal political committee.

**C** C00040253

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.0

Date of Receipt

**02 / 27 / 2014**

**Transaction ID : 1393520251843**

Amount of Each Receipt this Period

1000.0

Check

Full Name (Last, First, Middle Initial)

## **B. Amgen, Inc. Political Action Committee**

Mailing Address 1840 De Havilland Drive

City State Zip Code  
Thousand Oaks CA 91320-1789

FEC ID number of contributing  
federal political committee.

**C** C00251876

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.0

Date of Receipt

**02 / 18 / 2014**

**Transaction ID : 1392743157412**

Amount of Each Receipt this Period

5000.0

Check

Full Name (Last, First, Middle Initial)

## **C. Blue Cross Blue Shield Association PAC**

Mailing Address 1310 G Street NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00194746

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.0

Date of Receipt

**02 / 18 / 2014**

**Transaction ID : 1392743242892**

Amount of Each Receipt this Period

5000.0

Check

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 22  
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NAME OF COMMITTEE (In Full)

**Freedom Fund**

Full Name (Last, First, Middle Initial)

## **A. Council of Insurance Agents & Brokers PAC**

Mailing Address 701 Pennsylvania Avenue NW  
No. 750

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00039578

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.0

Date of Receipt

**02 / 27 / 2014**

**Transaction ID : 1393519979506**

Amount of Each Receipt this Period

2500.0

Check

Full Name (Last, First, Middle Initial)

## **B. Credit Suisse Securities (USA) Political Action Committee**

Mailing Address 1155 21st Street, NW  
Suite 300

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00111559

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.0

Date of Receipt

**02 / 21 / 2014**

**Transaction ID : 1394478042179**

Amount of Each Receipt this Period

2500.0

Check

Full Name (Last, First, Middle Initial)

## **C. International Council of Shopping Centers Inc. PAC**

Mailing Address 1166 Avenue of Americas

City State Zip Code  
New York NY 10036

FEC ID number of contributing  
federal political committee.

**C** C00217638

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.0

Date of Receipt

**02 / 18 / 2014**

**Transaction ID : 1392742825306**

Amount of Each Receipt this Period

2500.0

Check

**SUBTOTAL** of Receipts This Page (optional)..... ►

7500.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Freedom Fund**

Full Name (Last, First, Middle Initial)

## **A. Investment Company Institute PAC**

Mailing Address 1401 H Street NW  
Suite 1200

City Washington State DC Zip Code 20005

FEC ID number of contributing  
federal political committee.

**C** C00105981

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.0

Date of Receipt

**02 / 10 / 2014**

**Transaction ID : 1392062731557**

Amount of Each Receipt this Period

2500.0

Check

Full Name (Last, First, Middle Initial)

## **B. Investment Company Institute PAC**

Mailing Address 1401 H Street NW  
Suite 1200

City Washington State DC Zip Code 20005

FEC ID number of contributing  
federal political committee.

**C** C00105981

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.0

Date of Receipt

**02 / 10 / 2014**

**Transaction ID : 1392062861938**

Amount of Each Receipt this Period

2500.0

Check

Full Name (Last, First, Middle Initial)

## **C. Metlife Employees Political Participation Fund A**

Mailing Address One Madison Avenue

City New York State NY Zip Code 10010

FEC ID number of contributing  
federal political committee.

**C** C00040923

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.0

Date of Receipt

**02 / 21 / 2014**

**Transaction ID : 1394477986955**

Amount of Each Receipt this Period

2500.0

Check

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 OF 22  
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NAME OF COMMITTEE (In Full)

**Freedom Fund**

Full Name (Last, First, Middle Initial)

## **A. Mortgage Bankers Assoc. of America PAC**

Mailing Address 1919 Pennsylvania Avenue NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee.

**C** C00004812

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.0

Date of Receipt

**02** / **27** / **2014**

**Transaction ID : 1393520054875**

Amount of Each Receipt this Period

5000.0

Check

Full Name (Last, First, Middle Initial)

## **B. Regions Financial Corporation Federal PAC**

Mailing Address 417 20TH STREET NORTH

City State Zip Code  
BIRMINGHAM AL 35203

FEC ID number of contributing  
federal political committee.

**C** C00179473

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.0

Date of Receipt

**02** / **18** / **2014**

**Transaction ID : 1392742981169**

Amount of Each Receipt this Period

2500.0

Check

Full Name (Last, First, Middle Initial)

## **C. US Bancorp Political Participation Program Federal PAC**

Mailing Address 800 Nicollet Mall

City State Zip Code  
Minneapolis MN 55402

FEC ID number of contributing  
federal political committee.

**C** C00018036

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.0

Date of Receipt

**02** / **10** / **2014**

**Transaction ID : 1392063130514**

Amount of Each Receipt this Period

5000.0

Check

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Freedom Fund**

Full Name (Last, First, Middle Initial)

## **A. United Water Inc. Federal PAC**

Mailing Address 200 Old Hook Road

City

Harrington Park

State

NJ

Zip Code

07640

FEC ID number of contributing  
federal political committee.

C

C00280156

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.0

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : 1393520209177**

Amount of Each Receipt this Period

2500.0

Check

Full Name (Last, First, Middle Initial)

## **B. Visa U.S.A. Inc. PAC**

Mailing Address 1300 Connecticut Avenue NW  
Suite 900

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

C00365122

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.0

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : 1393520167993**

Amount of Each Receipt this Period

5000.0

Check

Full Name (Last, First, Middle Initial)

## **C. Wine and Spirits Wholesalers of America PAC**

Mailing Address 805 Fifteenth Street, NW  
Suite 430

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

C00147173

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.0

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : 1393520103765**

Amount of Each Receipt this Period

2500.0

Check

**SUBTOTAL** of Receipts This Page (optional)..... ►

10000.00

**TOTAL** This Period (last page this line number only)..... ►

48500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Freedom Fund**

Full Name (Last, First, Middle Initial)

## **A. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City State Zip Code  
 McLean VA 22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.9

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 28 2014

**Transaction ID : 1395259798150**

Amount of Each Receipt this Period

122.68

Interest

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

122.68

122.68

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Freedom Fund

00:

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

3051.21

MM / DD / YYYY

00

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

447.95

00-

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

1957.0

See check to American Express on 02/05/2014 for \$3051.21

3051.21

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Margaret Ballard**

Mailing Address 2107 Sunrise Rim Rd.

City State Zip Code  
Boise ID 83705
Purpose of Disbursement  
PAC expense reimbursement (see below)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 05 2014
**Transaction ID : 1392409589139**

Amount of Each Disbursement this Period

276.14

Full Name (Last, First, Middle Initial)

**B. Mileage Expenses**

Mailing Address Mileage Expenses

City State Zip Code  
Boise ID 83702
Purpose of Disbursement  
PAC mileage reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 05 2014
**Transaction ID : 1392740013339**

Amount of Each Disbursement this Period

240.8

**[MEMO ITEM]**

See check to Margaret Ballard on 02/05/2014 for \$276.14

Full Name (Last, First, Middle Initial)

**C. First Bankcard**

Mailing Address P.O. Box 2818

City State Zip Code  
Omaha NE 68103
Purpose of Disbursement  
PAC credit card payment

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 07 2014
**Transaction ID : 1392394775245**

Amount of Each Disbursement this Period

4864.0

Overpayment - refund requested

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5140.14

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. First Bankcard**

Mailing Address P.O. Box 2818

City Omaha      State NE      Zip Code 68103

Purpose of Disbursement  
PAC credit card payment - see below

Candidate Name

Office Sought:   ☐ House  
                          ☐ Senate  
                          ☐ President

State:      District:

Disbursement For:  
☐ Primary      ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      07      2014
**Transaction ID : 1392736282561**

Amount of Each Disbursement this Period

530.35

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Mailing Address P.O. Box 20706

City Atlanta      State GA      Zip Code 30320

Purpose of Disbursement  
PAC airfare

Candidate Name

Office Sought:   ☐ House  
                          ☐ Senate  
                          ☐ President

State:      District:

Disbursement For:  
☐ Primary      ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      07      2014
**Transaction ID : 1395355990983**

Amount of Each Disbursement this Period

517.3

**[MEMO ITEM]**

See check to First Bankcard on 02/07/2014 for \$530.35

Full Name (Last, First, Middle Initial)

**C. First Bankcard**

Mailing Address P.O. Box 2818

City Omaha      State NE      Zip Code 68103

Purpose of Disbursement  
PAC credit card payment - see below

Candidate Name

Office Sought:   ☐ House  
                          ☐ Senate  
                          ☐ President

State:      District:

Disbursement For:  
☐ Primary      ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      07      2014
**Transaction ID : 1392736384788**

Amount of Each Disbursement this Period

463.88

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

994.23







**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. The Monocle**

Mailing Address 107 D Street NE

City Washington      State DC      Zip Code 20002

Purpose of Disbursement  
PAC food & beverage

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      20      2014
**Transaction ID : 1393425528002**

Amount of Each Disbursement this Period

533.2

**[MEMO ITEM]**

See check to First Bankcard on 02/20/2014 for \$815.82

Full Name (Last, First, Middle Initial)

**B. First Bankcard**

Mailing Address P.O. Box 2818

City Omaha      State NE      Zip Code 68103

Purpose of Disbursement  
PAC credit card payment - see below

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      20      2014
**Transaction ID : 1393425807629**

Amount of Each Disbursement this Period

1188.68

Full Name (Last, First, Middle Initial)

**C. First Bankcard**

Mailing Address P.O. Box 2818

City Omaha      State NE      Zip Code 68103

Purpose of Disbursement  
PAC credit card processing fee

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      20      2014
**Transaction ID : 1393428675552**

Amount of Each Disbursement this Period

15.0

**[MEMO ITEM]**

See check to First Bankcard on 02/20/2014 for \$1188.68

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1188.68

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. First Bankcard**

Mailing Address P.O. Box 2818

City Omaha                      State NE                      Zip Code 68103

Purpose of Disbursement  
PAC credit card payment - see below

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02                      20                      2014
**Transaction ID : 1393428950348**

Amount of Each Disbursement this Period

188.42

Full Name (Last, First, Middle Initial)

**B. First Bankcard**

Mailing Address P.O. Box 2818

City Omaha                      State NE                      Zip Code 68103

Purpose of Disbursement  
PAC credit card processing fee

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02                      20                      2014
**Transaction ID : 1393438329515**

Amount of Each Disbursement this Period

15.0

**[MEMO ITEM]**

See check to First Bankcard on 02/20/2014 for \$188.42

Full Name (Last, First, Middle Initial)

**C. First Bankcard**

Mailing Address P.O. Box 2818

City Omaha                      State NE                      Zip Code 68103

Purpose of Disbursement  
PAC credit card payment - see below

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02                      07                      2014
**Transaction ID : 1394478887855**

Amount of Each Disbursement this Period

1176.45

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1364.87

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Delta Airlines**

Mailing Address Hartsfield Jackson Atlanta Interna

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
PAC airfare

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
02 07 2014**Transaction ID : 1394480111059**

Amount of Each Disbursement this Period

820.6

**[MEMO ITEM]**

See check to First Bankcard on 02/07/2014 for \$1176.45

Full Name (Last, First, Middle Initial)

**B. Sun Valley Company**

Mailing Address PO Box 10

City Sun Valley State ID Zip Code 83353

Purpose of Disbursement  
PAC lodging, food & beverage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
02 05 2014**Transaction ID : 1391628995270**

Amount of Each Disbursement this Period

22785.56

Full Name (Last, First, Middle Initial)

**C. Susan Wheeler**

Mailing Address 805 DeSale Street, SW

City Vienna State VA Zip Code 22180

Purpose of Disbursement  
PAC expenses reimbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
02 05 2014**Transaction ID : 1391628077485**

Amount of Each Disbursement this Period

210.02

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22995.58

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Susan Wheeler**Mailing Address 2727 Merrilee Drive  
#430

City Fairfax State VA Zip Code 22031

Purpose of Disbursement  
PAC transportation/meals/flowers

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 26 2014**Transaction ID : 1393513966772**

Amount of Each Disbursement this Period

231.74

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

231.74

36422.27

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

## Freedom Fund

### A. Sullivan for US Senate



011

# Dan Sullivan

Office Sought:	<input type="checkbox"/>	House
	<input checked="" type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State: AK	District: 00	

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Category/  
Type

**B.**

City	State	Zip Code
------	-------	----------

[illegible]

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Category/  
Type

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Category/  
Type

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

5000.00

**TOTAL** This Period (last page this line number only).....

5000.00